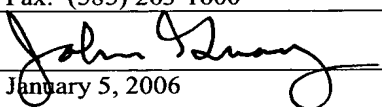




<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/757,318
	Filing Date	January 14, 2004
	First Named Inventor	Kirk J. Ocke
	Group Art Unit	2643
	Examiner Name	Melur Ramakrishnaiah
Total Number of Pages in This Submission	Attorney Docket Number	D/A 2217 (1508/3920)

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (\$ _____) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (\$ _____) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement (\$ _____) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Notice to File Missing Parts/Incomplete Application (\$ _____) <input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition (\$ _____) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer (\$ _____) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (\$ _____) (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Check in the amount of \$ _____ <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	John F. Guay c/o Gunnar G. Leinberg, Esq. Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1014 Fax: (585) 263-1600
Signature	 Registration No. 47,248
Date	January 5, 2006

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	
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<input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at 571-273-8300.	
Date	Signature
	Typed or printed name



dm

PATENT  
Docket No.: D/A 2217 (1508/3920)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Kirk J. Ocke

Serial No. : 10/757,318

Cnfrm. No. : 3527

Filed : January 14, 2004

For : A SYSTEM AND METHOD FOR  
PROVIDING A SITE SPECIFIC LOCATION  
OF A DEVICE

Examiner:  
Melur  
Ramakrishnaiah

Art Unit:  
2643

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AMENDMENT

**Mail Stop Amendment**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the October 27, 2005, office action, please amend the above-identified patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 8 of this paper.